



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9/11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)  
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization)

☐ Check if this is a new name

Carter for Council

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 574-0920

4. Mailing address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

13005 Dunes Drive

5. City, state, ZIP code

Carmel, IN 46032

6. Party affiliation (if applicable)

Republican

## CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

Ronald E. Carter

8. Party affiliation or if independent

Republican

9. Office sought (Include district number, if any. Not required for exploratory committee.)

Carmel City Council - At-Large

10. County of residence

Hamilton

## TYPE OF REPORT

11. Check one:

- ☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")  
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

- ☐ Pre-Convention  
☐ Post-Convention

12. Reporting period:

From: 10/12/03

Through: 12/31/03

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

224.25

14. Cash on hand and investments January 1, current year.

0

## CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0 14878.08

15b. Unitemized

.12 632.41

15c. Add lines 15a, and 15b in both columns

.12 15510.49

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

SUBTOTAL  
TOTAL

224.37 15510.49

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

0 15122.11

17b. Unitemized

0 375.07

17c. Add lines 17a and 17b in both columns

0 15497.18

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

SUBTOTAL

224.37 13.31

19. Debts OWED BY the committee (use Schedule D)

TOTAL

4422.13

20. Debts OWED TO the committee (use Schedule E)

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

2004 JUN 13 AM 11:56

FILED

CLERK, HAMILTON COUNTY COURTS

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED |
|---|---|-----------------------------------|--|---------------|
|   |   |                                   |  | RECEIVED BY   |
| 1.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) _____ |                                   |  |               |
| 2.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) _____ |                                   |  |               |
| 3.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) _____ |                                   |  |               |
| 4.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) _____ |                                   |  |               |
| 5.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) _____ |                                   |  |               |
| SUB TOTAL THIS PAGE OF SCHEDULE A   |   | \$                                |  |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)  |   | \$                                |  |               |



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State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2)

## CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|--|---|--------------------------------|-------------------------------------|---------------|
|  |   |                                |                                     | RECEIVED BY   |
| 1.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| SUB TOTAL THIS PAGE OF SCHEDULE A  |   | \$                             |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$                             |                                     |               |



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**(CFA-4 SCHEDULE A-3)****CONTRIBUTIONS BY  
LABOR ORGANIZATIONS****Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                     | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|---|---|--------------------------------|-------------------------------------|------------------------------|
| 1.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |                              |
| 2.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |                              |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |                              |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |                              |
|   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |                              |
| <b>SUB TOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$                             |                                     |                              |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$                             |                                     |                              |

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OF A POLITICAL COMMITTEE**

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**(CFA-4 SCHEDULE A-4)****CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES****Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100 per contributor**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor**, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|--|---|--------------------------------|-------------------------------------|---------------|
|  |   |                                |                                     | RECEIVED BY   |
| 1.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| SUB TOTAL THIS PAGE OF SCHEDULE A  |   | \$                             |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$                             |                                     |               |



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## (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

### Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|------------------------------|
| 1.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                   |  |                              |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                   |  |                              |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                   |  |                              |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                   |  |                              |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                   |  |                              |
| SUB TOTAL THIS PAGE OF SCHEDULE A  |   | \$                                |  |                              |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$                                |  |                              |



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State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|--|-----------------------------------|--|------------------------|
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____ |                                   |  |                        |
| SUB TOTAL THIS PAGE OF SCHEDULE B  |   |  | \$                                |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |  | \$                                |  |                        |





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State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

Page \_\_\_\_\_ of \_\_\_\_\_

### PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local  
Position: ☐ Supported ☐ Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | TYPE OF<br>EXPENDITURE  | PURPOSE OF EXPENDITURE<br>(be specific) | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|---|-----------------------------------|--|------------------------|
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
|  | <input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind |   |                                   |  |                        |
| SUB TOTAL THIS PAGE OF SCHEDULE C  |   |   | \$                                |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |   | \$                                |  |                        |





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## (CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br>(street, number, city, state, ZIP code)             | ENDORSER'S OR VENDOR'S<br>NAME & MAILING ADDRESS (if any)<br>(street, number, city, state, ZIP code) | AMOUNT<br>NATURE OF DEBT | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|---|--|--------------------------|-----------------------|------------------------------------|---------------------------------------|
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| LENDERS OCCUPATION:   |  |                          |                       |                                    |                                       |
| SUB TOTAL THIS PAGE OF SCHEDULE D   |  |                          |                       |                                    | \$                                    |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY<br>(Enter total on ITEM 19 of the Summary Sheet) |  |                          |                       |                                    | \$                                    |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE E)  
DEBTS OWED TO THIS COMMITTEE**

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

| BORROWER'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | CO-SIGNER'S NAME AND MAILING ADDRESS (if any)<br>(street, number, city state, ZIP code) | ORIGINAL AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|-----------------|--------------------|------------------------------|---------------------------------|
|   |   | NATURE OF DEBT  |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
|   |   |                 |                    |                              |                                 |
| SUB TOTAL THIS PAGE OF SCHEDULE E   |   |                 |                    |                              | \$                              |
| TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY<br>(Enter total on ITEM 20 of the Summary Sheet) |   |                 |                    |                              | \$                              |